

**HIV/AIDS
SSO4**

ANNUAL REPORT

OCTOBER 1, 2000–SEPTEMBER 30, 2001

Strategic Support Objective 4:
*Increased use of improved, effective, and
sustainable responses to reduce HIV
transmission and to mitigate the impact
of the HIV/AIDS pandemic*



POLICY
Project

The Futures Group International

in collaboration with:

Research Triangle Institute (RTI)

**The Centre for Development and
Population Activities (CEDPA)**

HIV/AIDS

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I. Introduction/Background

A. Summary Project Description

POLICY II started July 7, 2000 and continues until July 6, 2005. The Futures Group International implements the project in collaboration with Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA). This report covers the period from October 1, 2000 to September 30, 2001.

The POLICY Project facilitates the development of policies and plans that promote and sustain access to high-quality family planning and reproductive health (FP/RH) services. While maintaining a strong emphasis on FP/RH, the project also explicitly addresses **HIV/AIDS** and maternal health policy issues. The project addresses the full range of policies that support the provision of high quality FP/RH and HIV/AIDS services, including:

- National policies as expressed in laws and official statements and documents
- Operational policies that govern the provision of services
- Policies affecting gender, youth, and human rights
- Policies in related sectors such as education, labor, and the environment

To achieve POLICY's main objective, the project endeavors to

- Broaden and strengthen **political and popular support**;
- Improve **planning and financing**;
- Ensure that accurate, up-to-date, and **relevant information** informs policy decisions; and
- Enhance **in-country and regional capacity** to provide policy training.

POLICY Project HIV/AIDS activities are designed to address the following SSO4 Intermediate Results:

- 4.3 *Improved knowledge about and capacity to address the key policy, cultural, financial and other contextual constraints to preventing and mitigating the impacts of HIV/AIDS;*
- 4.4 *Strengthened and expanded private sector organizations in delivering HIV/AIDS information and services; and*
- 4.5 *Improved availability of, and capacity to generate and use, data to monitor and evaluate HIV/AIDS/STI prevalence, trends and program impacts.*

POLICY Project HIV/AIDS Focus Areas

The POLICY Project collaborates with host-country counterparts in a variety of activities designed to improve support for comprehensive multisectoral HIV/AIDS policies and programs. Building on the global lessons learned, POLICY's HIV/AIDS strategy is aimed at building and strengthening the *policy synergy* between the HIV/AIDS responses of both national governments and key sectors of civil society. By enhancing the personal and institutional capacity to respond to the ever-increasing demands of the epidemic, improved policy, program, and operational responses will be stimulated, which will also support increased funding at both global and national levels. A broad and comprehensive multisectoral response, based on principles of human rights, gender equity, and attention to adolescents—POLICY's crosscutting

issues—will ensure that a wide range of influential policy champions are cultivated and that issues related to stigma and discrimination are appropriately addressed.

Strategic national government partners include both national AIDS councils (where they exist) and AIDS control programs; however, POLICY is working increasingly with ministries of health, education, welfare, finance, local government, and uniformed services. Key civil society partners include organizations of people living with HIV/AIDS (PLWHAs); faith-based organizations; the world of work; and organizations aimed at addressing the broader developmental influences of the epidemic. By working in conjunction with and through the above-mentioned key government and civil society groups, both the implementation of scale-up programs as well as political and community commitment will be improved. For it is in strengthened public and private partnerships that the most effective and sustained HIV/AIDS interventions are realized.

POLICY activities are designed to support HIV/AIDS policies, programs, and planning. Among the major areas of assistance are the following:

- **Multisectoral Approach.** POLICY works to develop true multisectoral approaches that promote participation by people living with HIV/AIDS, religiously affiliated groups, community organizations, and other representatives of civil society.
- **Advocacy.** POLICY provides assistance to develop and implement advocacy strategies and presentations targeted to high-level officials in order to increase their understanding and support for effective programs. POLICY involves actors not traditionally involved in policy processes, such as formal groups from civil society including NGOs, women's groups, universities and professional associations; research institutions; pharmacies and other health service providers; individual champions; and others. Training workshops are conducted with a broad range of stakeholders to enhance their ability to design, implement, and evaluate advocacy campaigns to increase support for specific HIV/AIDS issues.
- **Strategic Planning and Resource Allocation.** POLICY works with national programs and specific organizations to conduct strategic planning exercises that include broad participation and result in realistic action plans to achieve specific goals. These activities rely on the strategic planning guides developed by UNAIDS and other materials prepared by POLICY. POLICY works with the World Bank and USAID to maintain a network of economists and other professionals that meets regularly, both in-person and electronically, to review and discuss the latest information on the economic impacts of AIDS and the program financing.
- **Human Rights.** POLICY's activities pertaining to human rights and discrimination that are intended to ensure that key issues are understood and to provide guidance to programs to understand, assess, and improve the human rights environment. POLICY is developing guidelines for conducting a legal and regulatory analysis intended to spot problems and propose solutions.
- **Modeling.** POLICY provides assistance and training in the use of computer models for presentation and planning. These include models for projecting and presenting the social and economic consequences of the epidemic (AIM–AIDS Impact Model), estimating national HIV prevalence based on surveillance data and preparing future projection (AIDSproj), examining the demographic impacts of AIDS, calculating the interactions between HIV and tuberculosis, and estimating the costs of providing AZT therapy to pregnant women (MTCT Model) and triple therapy to infected populations.

- **Policy Formulation.** POLICY supports research intended to improve our understanding of the processes that lead to successful policies. POLICY also maintains a comprehensive database of HIV/AIDS policy statements that can be searched via the Internet.
- **Evaluation and Assessment.** POLICY has developed a composite index for measuring the degree to which the policy environment in different countries is supportive of effective policies and programs. In conjunction with USAID, UNAIDS, and other organizations, POLICY developed the AIDS Program Effort Index, which measures the level of effort in country responses to the AIDS epidemic. The results of the first comparative study using the API has been published by UNAIDS.

B. Summary of Activities

HIV/AIDS activities are carried out with core funds from the HIV/AIDS Division, from various regional bureaus (Africa and ANE), and with field-support funds from USAID Missions in individual countries. Core HIV/AIDS funds are used to

- Advance and update our technical knowledge around global HIV/AIDS trends within a multisectoral framework;
- Demonstrate or test new and innovative approaches toward tackling issues of global HIV/AIDS policy constraint; and
- Shed light on a critical HIV/AIDS policy issues that otherwise would not be funded by a Mission.

During the past year, POLICY conducted the following activities with HIV/AIDS core funding.

- **Promoting Human Rights.** We are working to improve the human rights environment for HIV/AIDS through training, awareness raising, legal and regulatory reviews, networking, and technical assistance. During this reporting period, POLICY provided advocacy training for ASICAL, an association of organizations in Latin America that support the rights of men who have sex with men. POLICY collaborated with the PASCA Project to adapt the presentation on AIDS and human rights for Central America.
- **Zambia Human Rights Initiative.** We are implementing an activity in Zambia to use mass media to inform people about their human rights and refer them to a network of human rights organizations that can provide assistance to those who need it. Subcontracts were developed with NZP+ for counseling, WLSA for legal analyses, and ZAMCOM for media programs. ZAMCOM has designed a new media campaign.
- **U.S. Ambassadors' Small Grants Program.** These programs provide small grants to development NGOs that are not currently active in HIV/AIDS. POLICY provides training in integrating HIV/AIDS into project plans and transfers skills in proposal development and in monitoring and evaluation. The NGOs develop proposals and conduct activities to add an HIV/AIDS component to their existing project activities. Programs are underway in Swaziland, Lesotho, and Botswana under the auspices of the U.S. Ambassador in each country.

- **AIM Update.** A new module has been added to AIM that demonstrates the impact and cost-effectiveness of programs to reduce mother-to-child transmission of HIV.
- **National HIV/AIDS Policy Compendium.** Regular updating of the HIV/AIDS policy database continues and the latest version is posted on our website. In addition, POLICY conducted a survey of the HIV/AIDS policies of USAID CAs and reported on the results at the IWG meeting in June.
- **Southern African Development Commission (SADC).** POLICY is working with the Health Sector Coordinating Unit of SADC to analyze HIV/AIDS policies in member states and develop model policies and recommendations. Consultants in member countries have collected national and sectoral policies. A summary report has been prepared and is under review at SADC.
- **CORE Initiative.** In support of USAID's CORE (Communities Responding to the HIV/AIDS Epidemic) Initiative, POLICY provided strategic assistance—organizational development, direct grants, strategic planning, and other support—to community and faith-based groups in developing countries. Priority for this initiative was given to groups who committed their own resources and demonstrated the capacity to meet the needs for care and support, especially care for orphans and vulnerable children. There was also special focus on groups that help confront and reduce stigma and discrimination, which continue to confound efforts to eliminate new infections and provide adequate care to those who are ill.
- **UNAIDS Reference Group on Models, Estimates, and Projections.** During the reporting period, the reference group in which POLICY participates developed a new estimation and projection model (EPP) to replace EpiModel for preparing the annual estimates of HIV infection in all countries. POLICY has implemented this model in Excel and begun using it in country and training applications.
- **UNAIDS Reference Groups on AIDS and Economics.** During this period, POLICY collaborated with UNAIDS and the National Institute of Public Health in Mexico to prepare an analysis of the costs of meeting the goals of the declaration of the UN Special Assembly on HIV/AIDS. The results of this work were published in *Science* in June.
- **Training Course on AIDS Modeling.** POLICY conducted a training course on AIDS modeling for 15 participants from developing countries. The University of East Anglia organized the course; John Stover served as one of the instructors.

C. The Status of the Project

Since the inception of POLICY II, the project's HIV/AIDS portfolio has grown dramatically. It now supports HIV/AIDS activities in both the Africa and ANE Bureaus. With its field support funds, POLICY is working in 16 countries and with regional organizations in western (FHA/WCA, CERPOD) and southern Africa (REDSO/ESA). To accommodate the increased flow of funds from both the HIV/AIDS Division and the various bureaus, POLICY's new multisectoral HIV/AIDS strategy capitalizes on our existing policy work with various national governments and, at the same time, increases the involvement of key civil society organizations—an essential element of a comprehensive policy response. In this way, results are reflective of the broader HIV/AIDS multisectoral policy environment.

In order to optimize its HIV/AIDS response, POLICY has also strengthened its management team and hired additional staff. POLICY now has a Deputy Director for HIV/AIDS (Kevin Osborne), an IR Director for Planning/Finance (Steven Forsythe) and is in the process of hiring an IR Director for

Advocacy. Support from USAID Missions continues to be strong and has led to an expansion in the number of local staff. The project has received strong support from the Office of Population for its expanded HIV/AIDS role and, in collaboration with other HIV/AIDS CAs, continues to support the goals of the HIV/AIDS Division.

D. Key Accomplishments

The POLICY Project contributed to results in eight countries as well as to regional and global activities. Several key accomplishments are listed here and are described in greater detail in Section II.B below.

Multisectoral Approach / Participation

- **Mexico.** Public and NGO sector participants in the POLICY workshop on multisectoral participatory planning for HIV/AIDS in Chiapas, Mexico, produced a consensus document outlining priority areas of intervention and proposed activities and agreeing that NGOs and PLWHAs would be included in the planning and implementation of HIV/AIDS activities in the state.
- **South Africa.** POLICY has expanded the base of support for HIV/AIDS activities in several provinces of South Africa. Since July 2000, at least 15 development NGOs that had previously not focused on HIV/AIDS have now included HIV/AIDS activities within their area of work.

Advocacy

- **Mexico.** As a result of advocacy from Oasis de San Juan de Dios (an NGO) and the POLICY-supported Multisectoral Citizens Group (MCG) of the state of Yucatan (Mexico), the legal department of the Secretariat of Health sent the newly elaborated Basic Package of Health Services to the state's Governance Office for publication in its official periodical. Once published, the guidance will carry the weight of a state law.

Planning

- POLICY used the GOALS Model in **Lesotho** to understand the impact of budget decisions on the achievement of HIV/AIDS goals (care, prevention, and mitigation) as specified in the National AIDS Strategic Plan for the period 2001–2004.
- **Mexico.** In **Mexico**, CONASIDA's five-year plan for HIV/AIDS/STI used information produced to identify priority areas and activities and strategies to address the most pressing problems.
- Results of the AIM application in **Mozambique** were incorporated into the Ministry of Education HIV/AIDS Impact Assessment, published in late December 2000.
- **Nigeria.** The National Action Committee on AIDS (NACA) adopted the HIV/AIDS Emergency Action Plan (HEAP) (formerly the Interim Action Plan), which the president signed in April 2001.
- **South Africa.** POLICY helped develop or gain approval for operational plans for the Inter-Departmental Committee (IDC) on HIV/AIDS and the Nelson Mandela Metropolitan Municipality (Port Elizabeth).

- **South Africa.** The National Civil-Military Alliance Executive in South Africa approved the 2001/2002 strategic plan for the National Civil–Military Alliance (SACMA).

Resource Allocation

- **Kenya.** On March 7, 2001, the government of Kenya signed a new loan agreement with the World Bank that includes a commitment by the government to use \$10 million in loan funds to purchase condoms. Following extensive advocacy, the Minister of Public Health signed and issued the National Condom Policy and Strategy for 2001-2005 in September.
- **Nigeria.** The Minister of Defense showed increased support for HIV/AIDS prevention within the armed forces and promised that a stand-alone line item on HIV/AIDS would be added to the budget for each of the services and that funding to AFPAC would be increased.
- **Mexico.** The state Secretary of Health for the State of Mexico created the 1st Social Co-investment Fund for Health 2001, with a budget of 5 million pesos. POLICY successfully negotiated with the Secretariat of Health to designate 1 million pesos (US\$110,000) of this year's budget to fund proposals from NGO members of the MCG working on HIV/AIDS issues. In addition, the POLICY-supported Multisectoral Citizens Group (MCG) organized a triangulated, rapid response to a shortage of HIV/AIDS medications in March and April 2001.

II. POLICY Project HIV/AIDS Performance Review

A. Technical and Analytic Documents Produced and Disseminated

Country	Title	Author	Date
Africa	• Key Messages on HIV/AIDS: A Briefing Paper for US Ambassadors in Africa	POLICY	Jul-01
	• Report on the US Ambassadors Initiative on HIV/AIDS and Small Grants Program (in Botswana, Lesotho & Swaziland)	POLICY	Jun-01
Ethiopia	• AIDS in Ethiopia, Third Edition	POLICY	Jun-01
	• Ethiopia Multisectoral HIV/AIDS Project: Project Implementation Manual	POLICY	Dec-00
	• Regional HIV/AIDS Profile Data Collection Instrument	POLICY	Jul-01
FHA/WCA	• HIV/AIDS in Nine Central and West African Countries	POLICY	Jul-01
Ghana	• A Preliminary Report on the Economic Impact of HIV/AIDS on Firms and Business	Nabila, Yeboah, Antwi, Kwankye	Oct-00
	• A Study of the Economic Impact of HIV/AIDS on Selected Business Organizations in Ghana	Nabila, Yeboah, Antwi, Kwankye	Apr-01
Haiti	• Declaration des Jeunes sur la Santé de la Reproduction, les Infections Sexuellement Transmissibles et le VIH/SIDA	POLICY	Jan-01
	• Impact du SIDA: SIDA: Une Raison d'Espérer	POLICY	Jan-01
	• Violence Sexiste, Equité du Genre, et SIDA en Haiti	POLICY	Jan-01
Jamaica	• The Policy Environment Score: Measuring the Degree to Which the Policy Environment in Jamaica Supports Effective Policies and Programs for Reproductive Health: 2000 Follow-up Results	Strachan, Hardee, and Grey	Apr-01
Kenya	• Assessing the HIV/AIDS Policy Environment in Kenya: The 1998 AIDS Policy Environment Score and the 2000 AIDS Program Effort Index	POLICY	Nov-00
	• Report on the Ministerial AIDS Control Units Training Curriculum Development Workshop	Aloo-Obunga	May-01
	• The Kenya National HIV/AIDS Strategic Plan 2000-2005: Popular Version	National AIDS Control Council	Oct-01
Malawi	• Assessing the HIV/AIDS Policy Environment in Malawi: The 1998 AIDS Policy Environment Score and the 2000 AIDS Program Effort Index: A Draft Report	POLICY	Nov-00
	• Estimating National HIV Prevalence in Malawi from Sentinel Surveillance Data	NACP, POLICY	May-01

Country	Title	Author	Date
Mexico	• Las y los Jovenes, sus Derechos Sexuales y Reproductivos y el VIH/SIDA	POLICY	May-01
	• Taller de Capacitacion de los Analisis de las Situacion y Respuesta en VIH/SIDA. Oaxaca y Veracruz	POLICY	Apr-01
	• Taller de Capacitacion Defensa y Promocion para la Incidencia Politica	POLICY	May-01
Nigeria	• Armed Forces Programme on AIDS Control (AFPAC)	Egbewunmi et al.	Mar-01
	• HIV/AIDS Amongst Nigerian Youths	POLICY	Feb-01
	• HIV/AIDS Emergency Action Plan	NACA	Jun-01
	• HIV/AIDS in Nigeria: Survey of Health and Laboratory Facilities 1989 - 1999	Idigbe et al.	Dec-00
	• Interim Action Plan for the National Action Committee on HIV/AIDS in Nigeria	Emmet	Feb-01
	• Report of the HIV/AIDS Impact Projections and Estimation Feedback Meeting	POLICY	Oct-00
	• Report on National HIV/AIDS/STI Research Network Meeting	POLICY	Nov-00
	• Summit News	CiSCGHAN, NNPLWHA	Apr-01
Tanzania	• Regional HIV/AIDS Strategy and Resource Mobilization Plan	CHRC	Jun-01
Worldwide	• Resource Needs for an Expanded Response to HIV/AIDS	Schwartlander et al.	Jun-01

B. Summary of Results Achieved by SSO4 Intermediate Results

This section lists results achieved in FY00 according to USAID SSO4 intermediate results. Results are listed by region and alphabetically by country within regions.

4.1 Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV

Africa Region

- POLICY's long-term strategy to expand contraceptive availability in **Kenya** has resulted in two significant policy achievements in the last year. First, the government signed a new loan agreement with the World Bank on March 7, 2001, that included a commitment by the government to use \$10 million in loan funds to purchase condoms. The agreement will permit the government to procure about 300 million condoms during 2001–2004, which is projected to be about 80 percent of Kenya's condom needs. Under previous World Bank loans, the Kenyan government procured a total of 66 million condoms. POLICY's analysis and projections of condom needs for 2001–2004 (based on use

of the core-funded SPECTRUM models) and extensive policy dialogue with government and international stakeholders contributed to the government's decision. Prior to POLICY interventions, the government was not planning to purchase any condoms with the loan funds.

Second, the Minister of Public Health signed and issued the *National Condom Policy and Strategy for 2001–05* in mid–September 2001. The goal of this policy and strategy is to improve access to condoms by sexually active people, at affordable prices and through effective and responsive service delivery systems. It describes the roles and responsibilities for several government entities, NGOs, private sector, and international organizations; and actions that will be taken to improve condom supply and use. Provisions include gradually phasing in charges for condoms, consistent with the government's goal of achieving long-term sustainability for reproductive health services, including condom supply and distribution. Condoms will continue to be provided free to the poor, youth, and other specified groups. POLICY kept up policy dialogue on the condom strategy issue over a two-year period and produced the August 2001 revision of the policy for final consultation and review by a large number of stakeholders.

4.3 Develop and promote approaches that address key contextual constraints and opportunities for prevention and care interventions

Africa Region

- The Minister of Defense in **Nigeria** showed increased support for HIV/AIDS prevention within the armed forces. On March 20, 2001, the Minister of Defense stressed the seriousness of HIV/AIDS in the Nigerian military and said that the primary factor in its spread was “the lack of practice of safe sex or abstinence.” He advocated for improved efforts to deal with the epidemic and promised “more equipment, medication, and other relevant resources.” He also said, “The responsibility for fighting AIDS is not only for the government” and called upon the general public to make private donations to NGOs and the Armed Forces Program for AIDS Control (AFPAC). The minister went beyond his prepared speech and promised that a stand-alone line item on HIV/AIDS would be added to the budget for each of the services and that funding to AFPAC would be increased. Currently, AFPAC relies on funds allocated to it from other competing sources, and it is grossly under-funded. The minister also offered to immediately provide a project vehicle to AFPAC for use as logistics support for prevention, communication, and outreach activities. POLICY helped AFPAC organize Military HIV/AIDS Awareness Week in March 2001, the first-ever public event on HIV/AIDS in the military. This provided the minister with a forum to publicly support HIV/AIDS programs. As a result of participation in earlier POLICY-sponsored training workshops, the Ministry of Defense in Nigeria prepared and submitted a “white paper” and proposed budget to the Minister in November/December 2000 outlining critical policy decisions that should be made to implement the armed forces HIV/AIDS policy.
- With HIV/AIDS prevalence 7 percent for women of childbearing age, **Nigeria** is facing a catastrophe if infection rates are not slowed dramatically. Until FY2001, the country had no national strategy and plan for addressing the crisis. To assist in developing a national strategy, POLICY provided extensive technical assistance to the National Action Committee for AIDS to build consensus on content, prepare the document, and organize advocacy activities in support of its implementation. In April 2001, President Obasanjo signed and formally launched the HEAP, a short-term (36-month) national strategy for HIV/AIDS that specifies the budget and key

interventions, and which is intended as a multisectoral national blueprint for HIV/AIDS. The President launched the HEAP during the African Heads of State Summit also in April.

- The Student Government Board, Teachers Union, and the Department of Education in **South Africa** approved the HIV/AIDS Policy for Sea Point High School in the Western Cape in November 2000. POLICY/South Africa staff assisted education officials to draft the school-based HIV/AIDS policy, which will serve as a model for other schools in the region to adopt. After participation in a POLICY-supported workshop on monitoring and evaluation, the Department of Education formulated a national HIV/AIDS advocacy plan for its Life Skills provincial coordinators, which Department officials subsequently approved in December 2000.
- POLICY helped develop or gain approval for the following operational plans in **South Africa**: (1) The Inter-Departmental Committee (IDC) on HIV/AIDS formally adopted the operational plan on HIV/AIDS (2001/2002) on May 8, 2001. The IDC is a committee composed of representatives from all national government departments, which supports individual departments to manage the implications of HIV/AIDS within their specific areas of responsibility. (2) The Nelson Mandela Metropolitan Municipality (Port Elizabeth) adopted an HIV/AIDS operational plan (2001/2002) in March 2001, which is now being implemented. POLICY played a key role in the development of these plans by facilitating strategic planning sessions with relevant parties.
- In June 2001, POLICY **South Africa** sponsored a national summit for representatives from the hospitality and tourism sector. As a result of this meeting, a task team was established to oversee the development of a coordinated response to HIV/AIDS from the hospitality sector—an initiative to which the Chief Directorate: HIV/AIDS and STD committed R1.37 million (US\$171,250) in funding to support follow-up activities in the coming year.
- In **South Africa**, a revised version of POLICY's local government HIV/AIDS information and training toolkit formed the basis for a set of training materials used in a local government master training program in May 2001. Eighteen master trainers (former local government councilors/politicians) have now incorporated HIV/AIDS into their training programs responsibilities. Between July and December 2001, they will train approximately 600 local government councilors and officials from 300 local municipalities on basic HIV/AIDS information and the importance of supporting and/or financing local initiatives that aim to curb the epidemic.
- The National Civil-Military Alliance Executive in **South Africa** approved the 2001/2002 strategic plan for the National Civil-Military Alliance (SACMA). The strategic plan covers the vision for SACMA; provides results of a SWOT analysis; lays out provincial issues in addressing HIV/AIDS; suggests improved communication between provinces and the national level; identifies funding sources and suggests guidelines for provincial budget allocations; and addresses issues of governance and representation for the SACMA board. POLICY played a key role in the preparation of the strategic plan by facilitating a full-scale strategic planning exercise with SACMA in February 2001, involving all nine representatives from provinces and staff at the national level. The approval of the strategic plan represents the first time SACMA has been able to develop a cohesive response for its HIV/AIDS activities. Following POLICY's capacity building work with SACMA in December 2000, five provincial arms of SACMA successfully applied for funding from the national DOH to carry out specific provincial HIV/AIDS activities.

- The National HIV/AIDS Secretariat adopted “Guidelines on HIV/AIDS and Employment” developed by POLICY-supported Women and Law in Southern Africa (WLSA) NGO for use in the FACEAIDS workplace program. The guidelines have also been provided to the Zambia Business Coalition on HIV/AIDS (ZBCA) and have been adopted into its program. In September 2001, POLICY initiated dialogue with FACEAIDS and ZBCA to print the guidelines for dissemination to governments, NGOs, and private companies outside of Lusaka.

LAC Region

- Public and NGO sector participants in the POLICY workshop on multisectoral participatory planning for HIV/AIDS in Chiapas, **Mexico**, produced a consensus document outlining priority areas of intervention and proposed activities and agreeing that NGOs and PLWHAs would be included in the planning and implementation of HIV/AIDS activities in the state. After presentation of the consensus document to the state Secretary of Health on March 27, 2001, the secretary responded by asking for a comprehensive strategic plan for the state before the end of May with clearly outlined activities, for which he said he is prepared to allocate state resources. The secretary also declared that he would send an official request to CONASIDA and the USAID Mission requesting technical assistance from POLICY to carry out the strategic planning process. In a departure from previous directives, the secretary ordered that, during the next coordination meeting on HIV/AIDS activities and programs in the municipality of Tonalá on March 30, local health officials and the state HIV/AIDS coordinator will meet with local NGOs and PLWHAs to solicit their input to the planning process. The secretary’s public support for a coordinated and systematic approach to HIV/AIDS is an excellent point of entry for activities to improve the policy environment in Chiapas and clearly demonstrate an increase in public official support for the HIV/AIDS in the state. Further, during the POLICY meeting, participants agreed to coordinated actions between NGOs, PLWHAs, and the public sector, which represents a welcome change from a two-year virtual stalemate on efforts to coordinate actions between these groups.
- As a result of advocacy from Oasis de San Juan de Dios (an NGO) and the POLICY-supported Multisectoral Citizens Group (MCG) of the state of Yucatan (**Mexico**), the legal department of the Secretariat of Health sent the newly elaborated Basic Package of Health Services to the state’s Governance Office in December 2000 for publication in the its official periodical. Once published, the guidance will carry the weight of a state law. The local newspaper, Por Esto, announced inclusion of HIV/AIDS as component number 16 in the Basic Package of Health Services at the end of November. The Basic Package of Health Services is the set of services and minimum treatments that each state mandates its state-funded health institutions to provide. It is worth noting that HIV/AIDS is not part of the federal guidelines for health services to be provided at the state level; the state of Yucatan, therefore, is going above and beyond federal requirements by adding HIV/AIDS to its basic package and is one of the only states that has done so to date. In response, the Secretary of Health currently is developing specific strategies to comply with this requirement at the local level across the state.
- The coordinator of the state HIV/AIDS Program in the State of **Mexico**, Beatriz Ramirez, who is a member of the POLICY-supported MCG, lobbied the State Secretary of Health for several months to establish a social co-investment fund for health, modeled after the state Secretary for Social Development’s fund of the same nature that provides financial support to civil society organizations to pursue social development programs. In April 2001, the state Secretary of Health created the 1st Social Co-investment Fund for Health 2001, with a budget of 5 million pesos.

Ramirez successfully negotiated with the Secretariat of Health to designate 1 million pesos (US\$110,000) of this year's budget to fund proposals from NGO members of the MCG working on HIV/AIDS issues.

4.4 Strengthened and expanded private sector organizations' responses to delivering HIV/AIDS information and services

Africa Region

- The impact of HIV/AIDS is increasingly being felt within the social, economic, and development fabric of our society. POLICY's pioneering capacity development work with development NGOs has increased the important role these organizations play in prevention, home-based care, counseling, and support services. POLICY's US Ambassadors' HIV/AIDS Small Grants Program in **southern Africa** has strengthened the responses by and in communities to proactively respond to the challenges offered by this epidemic. The management and strategic planning skills of developmental NGOs in Botswana, Lesotho, and Swaziland have been strengthened through a series of three capacity-building workshops. Additional support has been offered through the award of small grants. More than 50 organizations in the southern Africa region have enhanced their strategic management skills by successfully meeting the eligibility criteria of the small grants selection criteria. Successful small grant awards in the above three countries have focused on activities including youth prevention (Botswana); home-based care and support—especially to orphans and vulnerable families (Lesotho); and the social advancement of women (Swaziland).
- As part of its work in conjunction with USAID's CORE Initiative, POLICY provided support to the long-term demonstration project of the Anglican Church in the Province of Southern Africa that included the development and adoption of a strategic HIV/AIDS plan for the 23 dioceses in the province. The process of developing this strategic plan included the involvement of people living with HIV/AIDS, which is in itself reflective of the international GIPA (Greater Involvement of People Living with HIV/AIDS) principle.
- POLICY has expanded the base of support for HIV/AIDS activities in several provinces of **South Africa**. Since July 2000, at least 15 development NGOs that had previously not focused on HIV/AIDS have now included HIV/AIDS activities within their area of work. Flowing from POLICY-hosted provincial business meetings, six corporate sector forums have been established in the Free State, Kwazulu-Natal, Northern Cape, Northern Province, North West Province, and Western Cape. While the specific functions of these forums may differ, they aim to support local businesses in developing and strengthening existing AIDS responses. At the sensitization workshops aimed at organizations addressing women's issues, POLICY fostered the formation of nine "Women in Partnership" Committees in the provinces of Eastern Cape, Free State, Gauteng, Kwazulu-Natal, Mpumalanga, Northern Cape, Northern Province, North-West Province, and Western Cape. A national committee to guide the "Women in Partnership Against HIV/AIDS" was also established. The committees provided leadership for the South African National AIDS Council's women-related activities at the national Women's Summit in March 2001. Stemming from a series of POLICY-initiated workshops aimed at local religious leaders and home-based care organizations, POLICY also helped establish three provincial faith-based forums in Eastern Cape, Free State, and Western Cape provinces to support religious leaders in addressing some of the care and counseling needs related to the HIV pandemic.

LAC Region

- In the state of Mexico, **Mexico**, the POLICY-supported Multisectoral Citizens Group (MCG) organized a triangulated, rapid response to a shortage of HIV/AIDS medications in March and April 2001. The MCG coordinated with the State Program for HIV/AIDS and local NGOs to get temporary loans of medications from one organization to another in need, to make up for the shortages groups were experiencing in the state. This coordinated effort also resulted in a series of donations:
 - 45 flasks of the medication Fortovase to a state hospital on April 5.
 - 400 boxes of Aciclovir on May 3 to two state hospitals and two NGOs that provide treatment for PLWHA (100 boxes to each of the 4 institutions).
 - 10,000 syringes on May 16 from ISSSTE/Toluca to the Toluca branch of the Mexican Foundation for the Fight Against AIDS, which the NGO subsequently distributed to the via the State HIV/AIDS Program and in the name of the MCG/Yucatan, to state hospitals and NGOs that provide treatment to PLWHA.
- POLICY **Mexico**'s LTA, Edgar Gonzalez, together with POLICY's regional advocacy consultant, Sandra Alliaga, conducted a four-day training workshop in June 2001 on political mapping and strategic planning in HIV/AIDS for 25 representatives of Mexican and Latin American NGOs working in HIV/AIDS. Participants included representatives from ASICAL member NGOs from seven countries that focus on HIV programs targeted at men who have sex with men. The workshop was sponsored by FUNSALUD, the HIV/AIDS Alliance, ASICAL, and POLICY.

4.5 Improved availability of and capacity to generate and apply data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts

Africa Region

- Results of the AIM application in **Mozambique** were incorporated into the Ministry of Education HIV/AIDS Impact Assessment, published in late December 2000. Two members of the POLICY-supported HIV/AIDS multisectoral technical group participated in the assessment. The impact assessment was conducted by a local consulting organization, Verde Azul, with financing from UNICEF.
- In a collaborative effort with Horizons, POLICY contributed to the development of the Resource Allocation Model (GOALS). GOALS is an interactive computer program that can be used to improve resource allocation decisions for HIV/AIDS programs by enhancing the understanding of decision makers. Providing better information to decision makers about the consequences and trade-offs involved in resource allocation decisions will result in improved programming. POLICY used the GOALS Model in **Lesotho** to understand the impact of budget decisions on the achievement of HIV/AIDS goals (care, prevention, and mitigation) as specified in the National AIDS Strategic Plan for the period 2001–2004. POLICY trained a local team of experts to apply GOALS for the mix of interventions specified in the Lesotho strategic plan. This work resulted in significant revisions in the draft budget of the resources required to achieve the plan's goals and led to the preparation of two funding scenarios that will be presented to donors in late 2001. The team will continue to use the model to explore resource allocation options and to update the activities and goals of the strategic plan once the final funding levels are set. In addition to this work in Lesotho, POLICY has received requests to apply the GOALS Model in Cambodia, Swaziland,

Kenya, and South Africa.

LAC Region

- In **Mexico**, CONASIDA's five-year plan for HIV/AIDS/STI used information produced with support from POLICY. Through a series of meetings with CONASIDA's technical directors and department heads, HIV/AIDS experts, state health service directors, and state HIV/AIDS/STI coordinators, POLICY staff collected information about the current situation and response to HIV/AIDS/STI. This information was used by CONASIDA in its planning process to identify priority areas and activities and strategies to address the most pressing problems. The information appears in various chapters/sections of the draft five-year plan, which was released for comments in March 2001.

Global

- John Stover served as an instructor and developed the curriculum for a module on AIDS Modeling as part of a training course on HIV/AIDS offered by the University of East Anglia, Norwich, UK, from May 21 to June 27, 2001. The module on AIDS Modeling took place over eight days from June 18-27 and included 15 students from eight countries, primarily from Africa.
- In collaboration with the UNAIDS Reference Group on Estimates, Models and Projections, POLICY has contributed to the development of a new model, the EPP (Epidemic Projection Package) to project the course of the HIV/AIDS epidemic. These projections are key tools for policymakers who wish to allocate resources in an appropriate manner. EPP has been used in Cambodia and other countries to estimate HIV prevalence from the available surveillance data.
- POLICY contributed to the development of UNAIDS global estimates of HIV prevalence, HIV infections, AIDS orphans, AIDS cases and AIDS deaths using the SPECTRUM Suite of Policy Models. The data produced are the primary source of epidemiologic information regarding the state of the epidemic. Each country's estimates were aggregated to the regional level and released on World AIDS Day in July 2001. Estimates will be reviewed again early in 2002 and country-specific figures will be released in July 2002.
- In preparation for the UN General Assembly Special Session on HIV/AIDS (UNGASS), the POLICY Project worked in conjunction with UNAIDS to prepare estimates regarding the global cost of an expanded HIV/AIDS program. The estimates included an assessment of unit costs and feasible levels of coverage for prevention, care, and mitigation interventions. The results are published in the journal *Science* (Schwartlander *et al.*, 2001) and were used by the UN to justify its call for the creation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, which has currently received commitments of \$1.5 billion from various governments, foundations, businesses, and individuals.

III. Country Summaries

1. Cambodia

The goal of POLICY assistance in Cambodia is to build and strengthen the HIV/AIDS capacity of selected organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV/AIDS prevention, care, and support programs and policies. The POLICY Project will assist USAID/Phnom Penh and its local partners in support of instituting a multisectoral approach toward the management of the HIV/AIDS epidemic in Cambodia. POLICY assistance will contribute to an improved enabling policy environment for HIV/AIDS, STD, and TB programs and services, which will include strengthened mitigation strategies for HIV/AIDS and TB.

Project assistance will focus on improving the multisectoral capacity and involvement in the country's *National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2001–2005*. This will be accomplished by assisting different role players in developing and implementing effective advocacy strategies for HIV/AIDS; strengthening collaboration between the governmental and nongovernmental sectors; encouraging effective planning for HIV/AIDS programs, and increasing the information used for policy and program development.

2. Ethiopia

POLICY Project activities in Ethiopia are directed toward scaling up the national population, reproductive health, and HIV/AIDS efforts by providing support in policy development and strategic planning to the National AIDS Council Secretariat (NACS), Regional AIDS Councils, key HIV/AIDS NGOs, and public and NGO family planning/reproductive health (FP/RH) programs. POLICY supports the implementation of Ethiopia's multisectoral HIV/AIDS program by providing TA in the areas of policy advocacy, priority setting, and use of information for policy and program development. POLICY support for FP/RH focuses on analyzing barriers of the expansion of programs and on the development of policy advocacy materials. POLICY also assists in increasing the understanding of crosscutting issues of gender and human rights in relation to RH and HIV/AIDS.

3. Family Health and AIDS/West and Central Africa (FHA/WCA)

The goal of POLICY Project assistance to Family Health and AIDS (FHA) is to strengthen political commitment to FP/RH and HIV/AIDS programs. Assistance focuses on generating information critical to policy decision making in FP/RH and HIV/AIDS and expanding the role of parliamentarians, NGOs, and other key groups in these areas. This will be accomplished by assisting the government of Burkina Faso in its role as host country for the next AIDS in Africa Conference (ICASA), including application of the AIDS Impact Model (AIM) and dissemination of results to national and district leaders; preparation of regional presentations and booklets on the HIV/AIDS situation for such audiences as U.S. Ambassadors and national decision makers; and workshops directed at parliamentarians and NGOs to strengthen their role in implementing the ICPD *Programme of Action* and in taking actions to address HIV/AIDS. Regional partners that are critical for POLICY activities to succeed include the Forum for African/Arab Parliamentarians for Population and Development (FAAPPD), CERPOD, Center for African Family Studies (CAFS), and the Family Health Project (SFPS).

4. Ghana

The goals of the POLICY Project in Ghana are to assist the government in implementing the national HIV/AIDS and STI policy and to increase the level of support to FP/RH by national and district decision makers. Project assistance focuses on institution building for the National AIDS Control Program (NACP); expanding the advocacy efforts of the National Population Council (NPC), Regional Population Councils (RPACs), and NGOs; and supporting policy dialogue for newly elected members of the executive and legislative branches. This is accomplished through technical, material, and financial assistance and training for the NACP and its partner institutions; TA for regional and district advocacy events; and information dissemination through counterpart organizations, including the Population Impact Project (PIP).

5. Haiti

The goal of POLICY Project assistance in Haiti is to fill the RH policy void resulting from a severely weakened public sector by strengthening civil society's role, building public-private sector partnerships, and supporting the public sector's strategic planning process. Assistance focuses on helping NGOs, other civil society groups, and national and departmental officials to implement the RH, HIV/AIDS, and other objectives in the National Population Policy. This is accomplished by supporting public-private partnership efforts, providing technical and financial assistance in advocacy and fundraising to civil society organizations focused on youth, women, HIV/AIDS, and other key interests; assisting the Secretary of State for Population (SEP) with disseminating information on the National Population Policy; and collaborating with the bilateral project (HS2004), NGO grantees, and MOH officials to improve the quality of and access to FP/RH.

6. Kenya

POLICY/Kenya is working to improve the enabling environment for the provision of FP/RH/Child Survival (CS)/ HIV/AIDS services. POLICY/Kenya's principal strategic priorities are to strengthen and improve FP/RH information, advocacy, planning, and services; strengthen advocacy, build capacity, and improve the effectiveness of HIV/AIDS prevention, care, and mitigation initiatives of key government and NGO stakeholders; and strengthen the MOH's capacity to increase health sector revenue recovery (under Kenya's health sector reform and cost-sharing program); and remove key operational policy barriers to efficiency, effectiveness, and equity in health services delivery.

7. Malawi

POLICY/Malawi activities started in the second quarter of 2001. Both the workplan for the POLICY Project in Malawi and USAID/Lilongwe's new SO Agreement are being finalized. Currently, the SO for POLICY/Malawi is *Improved policy environment for HIV/AIDS and RH*, and the following are POLICY/Malawi's principal strategic priorities: (1) to improve the RH and HIV/AIDS policy environment through support of key government, NGO, and other stakeholders in the development, dissemination, and implementation of national policies on HIV/AIDS and sexual and reproductive health (SRH); and (2) to develop the capacity of the National AIDS Secretariat (NAS) and the soon-to-be formed National AIDS Control Commission (NACC), to fulfill their roles in coordinating the national multisectoral response and providing technical and other support in implementing organizations.

8. Mali

USAID/Bamako has requested POLICY assistance to achieve two objectives of its HIV/AIDS strategy: an enabling environment for a multisectoral response to HIV/AIDS and a PNLS (National AIDS Program) capability for providing leadership and direction. Assistance will take the form of (1) information generation and analysis using the AIM, (2) advocacy and policy dialogue using presentations based on AIM results, and (3) institutional strengthening of the PNLS by carrying out the first two activities through the PNLS and its related advisory bodies. To promote a sustainable capacity for information analysis and advocacy, POLICY will also carry out activities in close partnership with NGOs and other key stakeholders.

9. Mexico

In Mexico, the POLICY Project works to promote enhanced participation in the planning process and improve the policy environment for HIV/AIDS in targeted states by forming multisectoral planning groups composed of a broad range of state and local organizations working in HIV/AIDS and related fields and by helping them develop an integrated strategic plan for HIV/AIDS that addresses the needs of the states' vulnerable populations. POLICY provides follow-up TA to help establish the planning groups as permanent advisory boards that, among other things, advocate for HIV/AIDS policy in their states. Additionally, POLICY provides technical updates and training on key issues, including youth and adolescents, HIV/AIDS and human rights, and advocacy for HIV/AIDS. POLICY also provides assistance to the National Council for AIDS Prevention and Control (CONASIDA) in preparing its new five-year plan on HIV/AIDS prevention and treatment.

10. Mozambique

The goal of POLICY Project assistance in Mozambique is to help ensure that uniform, timely, and accurate information on HIV/AIDS is available to partners in the National Program to Combat STDs/HIV/AIDS, and that intervention efforts apply to information for program planning and financing, monitoring, and evaluation. Project assistance focuses on strengthening the capacity of a local multisectoral, multidisciplinary technical group (GT) to update projections as new data become available and provide TA to other counterparts in their use. POLICY trains counterparts and provides training and internships for university students; coordinates linkages between the GT and the National AIDS Council (NAC), line ministries, and the private sector; and participates in NAC's donor coordination activities.

11. Nigeria

The POLICY Project in Nigeria, in conjunction with stakeholders and interest groups, is working through a multisectoral approach to increase political support, planning, and financing for high-quality HIV/AIDS and FP/RH services. Activities include development of HIV/AIDS policies in the civilian and military population, development of a national population policy, development of strategic plans and advocacy for HIV/AIDS/FP for young adult RH, research on the effects of HIV/AIDS on vulnerable segments of the population, and using accurate information for advocacy and planning.

12. REDSO/ESA

POLICY activities seek to build the capacity of HIV/AIDS and reproductive health institutions in the region. One of the three principal African partners receiving REDSO support is the Commonwealth Regional Health Community Secretariat (CRHCS). POLICY will build the capabilities and capacity of the CRHCS to strengthen policy analysis, formulation, dialogue, and advocacy activities within the CRHCS itself and across the 14-member countries. The Ministers of Health in these states have charged CRHCS with producing a regional HIV/AIDS strategy and resource mobilization plan. POLICY's objectives are, therefore, to assist in developing and advocating for the strategy and to strengthen CRHCS capabilities in policy work for key health issues and interventions.

13. Sahel Region/CERPOD

POLICY's goal in working with CERPOD is to strengthen the role of government agencies, parliamentarians, NGOs, and journalists in promoting the Ougadougou Plan of Action of the CILSS countries, which addresses the ICPD goals, and in reinforcing political commitment for HIV/AIDS programs. Assistance focuses on technical and financial assistance for networks representing each of the three nongovernmental groups (parliamentarians, NGOs, and journalists) and assisting government counterparts to make effective use of the SPECTRUM system of models. POLICY will organize periodic workshops and conferences for each network and provide financial assistance to carry out advocacy activities and will support training and application of the SPECTRUM models.

14. South Africa

The goal of POLICY Project assistance in South Africa is to continue to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV/AIDS prevention, care, and support programs and policies. Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STD program. This is accomplished by assisting different role-players in developing and implementing effective advocacy strategies for HIV/AIDS; strengthening collaboration between the governmental and nongovernmental sectors; encouraging effective planning for HIV/AIDS programs; and increasing the information used for policy and program development.

15. Tanzania

The goal of POLICY Project assistance in Tanzania is to improve the policy environment for HIV/AIDS and reproductive and child health (RCH). Objectives include building and strengthening the capacity of government and civil society organizations and institutions across all sectors in order to advocate for policy change within and outside their organizations to improve the design, implementation, and evaluation of HIV/AIDS prevention, care, and support programs and policies. Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STD program. Activities are being accomplished by assisting different stakeholders in developing and implementing effective advocacy strategies for HIV/AIDS; strengthening collaboration between the governmental and nongovernmental sectors; encouraging effective planning for HIV/AIDS programs; and increasing the information used for policy and program development.

16. Zambia

POLICY's strategy in Zambia has two basic components. The first objective is to enhance HIV/AIDS advocacy, community mobilization, and planning skills at the district level. The second objective is to promote HIV/AIDS-related human rights. These objectives are supported by three activities: a legal effort

in which Zambian laws and regulations related to HIV/AIDS and human rights are being summarized and put into a manual for use by public and private sector employers; a media campaign to disseminate key information about human rights and referral services; and an HIV/AIDS and Human Rights Referral Center to provide counseling and advice.

IV. Problems and Constraints

In general the POLICY Project has not encountered any significant portfolio-wide constraints. To the contrary, among both USAID mission field staff and the IWG members, there has been a growing recognition of the importance of policy-support activities. Because of this support, the POLICY Project has received numerous requests for an increasing range of policy support assistance, which has involved a large number of POLICY Project staff members.

V. HIV/AIDS Financial Summary

The POLICY Project financial reporting system has been in operation since September 1995 and provides detailed financial reporting to USAID in the form of Quarterly Financial Reports, which include information on budget, expenditures, and level of effort by source of funds and also by country and activity. POLICY Project core funds provided by the HIV/AIDS Division are tracked using a separate project code and subactivity codes.

Financial information pertaining to POLICY's HIV/AIDS work for the period October 1, 2000 to September 30, 2001 is shown in the table below.

Source	Total Obligations	Prior Fiscal Year Expenditures	FY 01 Expenditures	Pipeline
HN-HIV/AIDS Core	2,830,000	31,128	669,069	2,129,803
Africa Region	640,000	-	173,368	466,632
Southern Africa	1,765,000	11,716	546,744	1,206,540
HIV/AIDS Field Support	8,740,000	308,532	3,110,465	5,321,003
HIV/AIDS MAARDs	1,996,563	107,746	1,580,077	308,740
ANE Bureau	829,000	-	5,861	823,139
Total	16,800,563	459,122	6,085,584	10,255,857

